U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

	<del></del>
1. File Number U - 08333	2. Fiscal Year Covered From:
	1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Richard M McLaughlin	Name Laborers' Int. Union of N. America Local 42
	Labor Organization File Number 022-166
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 18 Freedom Way	Street 3710 Enright Ave.
City St. Charles	City -st. Louis
State Missouri ZIP Code + 4 63303	State Missouri ZIP Code + 4 63108
5. Position in labor organization. Recording Secretary	The state of the s
the state of the s	
	The state of the s
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exc!	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
(1)	,
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of ion represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
The state and address of Employee (mondaing made mink, many).	
Name (	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
opera or big ross: North outstudent	(A)
State   State	nucleon to the contract of the
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St. Again A. A. Saigi	
undersigned's knowledge and belief, true, correct, and complete. (See the se	ying documents), has been examined by the signatory and is, to the best of the ection on penalties in the instructions.)
	95 °C
Signed Kuray In / Peringels	On 5/7/2006 314-531-1187
	Date Telephone Number

Name of Person Filing Richard McLaughlin	F	ile Number U- 0833	33	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name Missouri Valley Partners	9. Business deals with:			
Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 500  Street 135 N. Meramec  City St. Louis  State Missouri ZIP Code +4 63105	a. Labor Organization  b. Trust  c. Employer	n		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing			
Name St. Louis Const. Laborers' Pension Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Financial Consultant			
Street 2357 59th Street	11.b. Approximate dollar value	of such dealing.		
City St. Louis	12.a. Nature of interest held o			
State Missouri ZIP Code + 4 63110	November 13, 2005 - Golf \$206.00	Dinner \$138.00		
	12.b. Amount.		\$344	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4		<u> </u>		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing Richard McLaughlin	File Number U- 08333
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Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	J. Hust	
Street	c. Employer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	3	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	]	
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	!	
	12.b. Amount.	\$0

Name of Person Filing Richard McLaughlin		File Number U-	08333
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name		
Trade Name, if any:	a. Labor Organization	
	b. Trust	
P.O. Box, Bldg., Room No., if any		
Street	c. Employer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	12.b. Amount.	

Name of Person Filing	Richard	McLaughlin
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# Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer  or Consultant ?	14.b. Amount of payment.
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of paymenit.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Richard McLaughlin	File Number U-	08333	
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name St. Louis Const. Laborers' Pension Fund	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 2357 59th Street	c. Employer	
City St. Louis		
State Missouri ZIP Code + 4 63110		
10. If 9.b. or 9.c. is checked give trust or emptoyer's name.	11.a. Nature of such dealing.	
Name	Educational Meeting	
Trade Name, if any:		
P.O. Box, Bldg., Room No if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	11/11/05 - 11/17/05	
	Hotel \$1555.00   Meeting Registration Fee \$1,255.0	10
	Daily Expense Total \$850.00	, °
	Air Fare \$1200.00	
	<b>[</b> ] .	
	12.b. Amount,	\$4,860

Name of Person Filing Richard McLaughlin	File Number U- 08333

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	a. Labor Organization
Trade Name, if any:	a. Lassi organization
P.O. Box, Bldg., Room No., if any	b. Trust
	c. Employer
Street	
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	7
P.O. Box, Bldg., Room No., if any	-
Street	-
Sileer	-
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	12.b. Amount.
	12,0, Alliquit,

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Name of Person Filing Richard McLaughlin		File Number U- 08333
Part B Continuation Page		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Orga	nization
Trade Name, if any:	i d. Edsor organ	
P.O. Box, Bldg., Room No., if any		
Street	c. Employer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar v	value of such dealing.
	12,a, Nature of interest h	

12,b. Amount.

